



HEALTHY HOMES PROGRAM

Housing Rehabilitation for Owner-Occupied and Rental Properties

1-4 unit residential properties
Located in target neighborhoods

- Memorial Square
- Six Corners

Initial Application Period: May 15, 2017 – July 31, 2017

The Healthy Homes Program provides zero-interest deferred payment loans for housing rehabilitation. The program is available to income-eligible owner-occupants and to owners of rental property who rent to income-eligible tenants.

The program covers full home rehabilitation, and specifically seeks to make homes healthier by removing/controlling toxins (such as lead paint), addressing asthma triggers, and removing trip and fall hazards.

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Office of Housing Healthy Home Program

Purpose: To improve the housing stock in targeted neighborhoods by providing funding to both owner-occupants and owners of rental property to rehabilitate housing units, with an emphasis on addressing health issues in housing, including lead paint, asthma triggers, and trip and fall hazards. The concentration of the program in eligible neighborhoods is expected to assist in revitalizing those neighborhoods.

Type of Loan: This program provides eligible property owners with a **zero-interest, deferred payment loan** which is **recorded as a lien** on the property. The loan is forgiven over time. For owner-occupants, it is forgiven fully at the end of 5 years; for investor-owners, it is forgiven fully after 10 years. Owner-occupants are eligible to borrow 100% of the project cost; investor-owners are eligible to borrow 90% of the project cost.

Repayment: Loan repayment is required when the homeowner sells, refinances, transfers title to the property; or if the home is no longer occupied by the required beneficiary—an owner-occupied home must continue to serve as the owner’s primary residence, and an investor-owned home must continue to be occupied by an eligible renter.

Eligible Costs: Program funds may be used for customary and reasonable costs to rehabilitate housing to meet current housing standards and to complete identified and approved healthy homes interventions. Allowable costs for each participating property will be defined by the program’s Rehabilitation Specialist and based on a property inspection and use of a standardized cost estimating tool.

- Eligibility:**
- Property is located in the Memorial Square or Six Corners neighborhood of Springfield
 - Mortgage payments must be current
 - Property taxes, fees, fines or municipal liens must be current with the City of Springfield
 - Property must have appropriate home insurance coverage
 - Contractors must be licensed and insured
 - Household **income of the occupant household cannot exceed 120% of the Area Median Income** as determined annually by the U.S. Department of Housing and Urban Development. The maximum incomes for FY2017 are:

Maximum Household Income

1 Person	\$69,900	4 Person	\$99,850
2 Person	\$79,900	5 Person	\$107,850
3 Person	\$89,850	6 Person	\$115,800

Target Area: The Memorial Square and Six Corners neighborhoods. A list of the included streets is provided on the following page.

Six Corners

Ames Hill Drive
Ashley Street
Atwood Place
Avon Place
Beech Street
Boothby Place
Brigham Street
Cedar Street
Cemetery Avenue
165 - 494 Central Street
Cherry Street
Chester Street
Clark Street
Clifton Avenue
Crosby Street
Dexter Street
Dorne Street
Florence Street
Foster Street
George Street
Greenacre Square
296-523 Hancock Street
Hawthorne Street
Hemlock Court
15-48 Hickory Street
High Street
Ingraham Terrace
James Street
Knox Street
Madison Avenue
Maple Court
19-169 Maple Street (odd #s/east side only)
Mill Street
Mulberry Street
Myrtle Street
Newman Street
Pine Street
Pine Street Court
Renee Circle
Ridgewood Place
Ridgewood Terrace
Rifle Street
Smith Street
Spruce Street
305-477 State Street (odd #s/south side only)
Sterns Terrace
282-439 Union Street
Walnut Court
108-422 Walnut Street (even #s/west side only)
Windsor Street

Memorial Square

Alexander Street
Allendale Street
Arch Street
Bancroft Street
Bartlett Street
Bond Street
Brookline Avenue
Calhoun Place
Calhoun Street
35-154 Carew Street
222-300 Carew Street (even #s/north side only)
4-57 Chapin Terrace
414-867 Chestnut Street
Church Street
Cumberland Street
Donald Street
Dover Street
1022-1777 Dwight Street
Eagle Street
East Hooker Street
Fosdick Place
Greenwich Street
Grosvener Street
Grove Street
Harriet Street
Hebron Street
Huntington Street
Jefferson Avenue
John Street
3-60 Lexington Street
2137-3640 Main Street
Magazine Street
Marvin Street
Massasoit Place
Massasoit Street
Medford Street
Merwin Street
Montmerenci Street
Morgan Street
Noble Street
Osgood Street
Passage Way
Patton Street
Plainfield Street
Portland Street
Pratt Street
20-84 Prospect Street
65-87 Prospect St (odd #s/south side only)
Prospect Terrace
Ringgold Street
Saint George Road
Sheldon Street
Sheridan Lane
Thomas Street
Walter Street
Wason Avenue
Waverly Street

HEALTHY HOMES APPLICATION

This application should be completed to determine eligibility for the **Healthy Homes Program**. Prior to completing this application, ***applicants should read the program guidelines on the preceding pages.***

PART 1: APPLICANT INFORMATION

Applicant 1: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant 2: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

1. Is the applicant, or one of his/her relatives, employed by the City of Springfield?
 No Yes, Describe relationship(s), which department(s) and, in what capacity: _____

2. Does the applicant owe the City of Springfield any monies for incurred real estate taxes, water, rents or any other indebtedness (i.e. trash fees, parking tickets, etc.)?
 No Yes, Explanation: _____

3. Does the applicant have any open code violations or court cases relating to any property owned within the City of Springfield?
 No Yes, Explanation: _____

HEALTHY HOMES APPLICATION

PART 2: PROPERTY INFORMATION

Address of Property to be Assisted: _____

Title Holder(s): _____ Number of Units: _____

1. Does the applicant own the property? No Yes
2. Does the applicant occupy the property as his/her principal residence? No Yes
3. Does the applicant receive rental income from this property? No Yes
 - If YES, is this property currently occupied? No Yes
 - If NO, do you commit to renting this property to a Low-Moderate Income household upon project completion? No Yes

PART 3: PRIOR BENEFITS DECLARATION

For properties damaged in 2011-2013 disasters

Please list any assistance you have applied for or received from any source for damage to your home that resulted from natural disasters/weather events in 2011-2013.

FEMA: Have you received any disaster related assistance from FEMA for structural damage to your home? Yes No

If Yes: Amount Approved: _____

Amount Received: _____

FEMA Registration #: _____

SMALL BUSINESS ADMINISTRATION (SBA)

Have you received any disaster-related assistance from the SBA? Yes No

If Yes: Amount Approved? _____

Amount Received? _____

SBA Application #: _____

SBA Loan #: _____

INSURANCE: Did you have Homeowner's Insurance at the time of the event? Yes No

If "Yes", what type? Hazard Wind

Flood Contents

Other: _____

Did you file an insurance claim? Yes No

If Yes: Amount Received: _____

Deductible: _____

Purpose: _____

Insurance Company: _____

Is the insurance policy currently in effect?

Yes No

Are you involved in an appeal or lawsuit against your insurance company? Yes No

If yes: What is the status of your appeal or lawsuit against the insurance company?

OTHER: Did you receive any other assistance for the repair of your home? Yes No

If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous CDBG Home repair, etc.

HEALTHY HOMES APPLICATION

PART4: OWNER-OCCUPANT HOUSEHOLD MEMBERS & INCOME

Complete this section ONLY if you occupy the property. Investor owners do not complete this section.

HOUSEHOLD MEMBERS: List all household members who live in the home at the time of application, or are expected to be added to the family in the next 12 months (for example, by birth, adoption, custody).

Household member – Name	Relationship to Applicant	Date of Birth	Age	Social Security Number	Is household member disabled? (Y/N)

1. Including the Applicant(s), how many people are in your household? _____

INCOME: List ALL household members 18 and older and their incomes. Include wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income. Food stamps are NOT considered income – do not list.

Household Member age 18 and older – Name	Full Time Student (Y/N)?	Source of Income (include employer’s name, if applicable).	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

HEALTHY HOMES APPLICATION

If Applicant(s) source(s) of income have changed since the last filed income tax return, please explain changes here:

PART 5: OWNER-OCCUPANT ASSETS

Complete this section ONLY if you occupy the property. Investor owners do not complete this section.

ASSETS: List all household assets.				
Type	Name of Account	Bank Name	Account Number	Balance/ Amount
Checking				
Savings				
Certificate of Deposit				
Equity in Primary Residence (Value of home minus balance of mortgage(s))				
Equity in other real estate				
Other personal assets				
Total personal assets:				
I.R.A				
Other Retirement Assets:				
Total retirement assets:				

HEALTHY HOMES APPLICATION

PART 6: PRIORITIZATION FACTORS (FOR ALL APPLICANTS)

The following section seeks information that may result in your property being given priority for assistance.

1. Does a child under the age of 6 reside in the home? No Yes
2. Does a person with a serious asthma condition reside in the home? No Yes

Note that, for the purpose of this program, a person is considered to have a serious asthma condition if they are prescribed long-term controller medication to control their asthma. Examples of "long-term control medications" include: Flovent, Pulmicort Respules, Pulmicort Flexhaler, QVAR, Advair Discus, Advair MDI Inhaler, Symbicort, Alvesco, Dulera, Asmanex, Arnuity and Breo.

3. Does a person age 60 or older or a person with a disability reside in the home? No Yes

PART 7: ACKNOWLEDGEMENTS (FOR ALL APPLICANTS)

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CDBG-NDR Healthy Homes Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

I/We authorize the City of Springfield and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

Signature of Applicant:	Date
Signature of Co-Applicant:	Date
Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.	

HEALTHY HOMES APPLICATION

PART 8: ATTACHMENTS

The following documents must be submitted with your completed application. **APPLICATIONS WITHOUT ALL ACCOMPANYING DOCUMENTATION WILL NOT BE PROCESSED.** ALL adult household members must submit relevant documentation regarding income and assets.

FOR ALL APPLICANTS:

- Verification of City Compliance form (page 7)
- Tax Certification Form (pages 8-9)
- Demographic Information form (page 10)
- Completed W-9 form
- Copy of Deed
- Copy of current insurance policy (Declaration/Binder Page) and proof of payment

APPLICANTS SEEKING PRIORITY STATUS:

- Birth Certificate of child under 6 who resides in the home (if applicable)
- Prescription or doctor's note confirming need for long-term asthma control medication for household member (if applicable)
- Proof of age for occupant 60 or older or proof of disability for disabled occupant (if applicable)—proof of age is government-issued identification with age or date of birth; proof of disability is verification of receipt of SSI/SSDI or letter from doctor

OWNER-OCCUPANT APPLICANTS MUST ALSO PROVIDE:

- Most recent Mortgage Statement with proof of payment
- Most recent two (2) years **SIGNED** Federal Tax Returns **OR** IRS Tax Transcript, **OR** IRS Verification of Non-Filing
- Most recent 90 days (if pay is steady) of consecutive pay stubs from each income source (i.e. Employment, Unemployment, Pension Check, Social Security Award Letter, Court Ordered Alimony, Child Support). ***NOTE: if income is less stable, twelve (12) months of documentation may be required.***
- Copies of three (3) months most recent bank statements

OWNERS OF RENTAL PROPERTY MUST ALSO PROVIDE:

- Verification of attendance at HAP/Way Finders "Basics of Rental Property Management" class within last three years

SUBMIT COPIES ONLY – NO ORIGINAL DOCUMENTS

A copy machine is available at the Office of Housing

Verification of City Compliance Form

Applicant 1 _____ D.O.B _____ SS# _____

Applicant 1 _____ D.O.B _____ SS# _____

Address _____

Do you own any other property in Springfield? No Yes

If yes, please list the addresses:

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, THIS _____ DAY OF _____, 201__.

Signature of Applicant 1

Signature of Applicant 2

THIS SPACE FOR OFFICIAL USE ONLY			
TAXES	CURRENT?		AMOUNT DELINQUENT
	YES	NO	
REAL ESTATE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
EXCISE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
PARKING TICKETS	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER MUNICIPAL LIENS/LOANS	<input type="checkbox"/>	<input type="checkbox"/>	\$

Treasurer's/Collector's Office representative signature: _____

Date: _____

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number

State Identification Number

Federal Identification Number

Company: _____

P.O. Box (if any): _____ **Street Address Only:** _____

City/State/Zip Code: _____

Telephone Number: _____ **Fax Number:** _____

List address(es) of all other property owned by company in Springfield: _____

Please identify if the applicant is a:

Corporation _____

Individual _____ **Name of Individual:** _____

Partnership _____ **Names of all Partners:** _____

Limited Liability Company _____ **Names of all Managers:** _____

Limited Liability Partnership _____ **Names of Partners:** _____

Limited Partnership _____ **Names of all General Partners:** _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge

(authorized agent)

(Applicant)

and belief, has/have complied with all **United States Federal taxes** required by law.

_____ Date: _____

Applicant

Authorized Person's Signature

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge

(authorized agent)

(Applicant)

And belief, has/have complied with all **City of Springfield taxes** required by law (has/have entered into a Payment Agreement with the City).

_____ Date: _____

Applicant

Authorized Person's Signature

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C,49A, I, _____ certify under the pains and penalties of perjury that _____,
(authorized agent) (Applicant)
to my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.

Applicant

Authorized Person's Signature

Date: _____

Notary Public

COMMONWEALTH OF MASSACHUSETTS

,ss. _____, 201____

Then personally appeared before me [name] _____, [title] _____
of [company name] _____, being duly sworn, and made oath that he/she has read the
foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and
stated the foregoing to be his/her free act and deed and the free act and deed of [company name]
_____.

Notary Public

My commission expires: _____

Demographic Information Form

THE FOLLOWING IS USED FOR HUD REPORTING PURPOSES ONLY

IMPORTANT: HUD requests information for both **Ethnicity** (#1 below) and **Race** (#2 below). Please answer both questions and select **only one** for **Ethnicity** and **at least one** for **Race**.

1. Indicate Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

2. Indicate Race (select one or more)

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other Multi-Racial